

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51	/					
2	/	/					52	/					
3	/	/					53	/					
4	/	/					54	/					
5	/	/					55	/					
6	/	/					56	/					
7	/	/					57	/					
8	/	/					58	/					
9	/	/					59	/					
10	/	/					60	/					
11	/	/					61	/					
12	/	/					62	/					
13	/	/					63	/					
14	/	/					64	/					
15	/	/					65	/					
16	/	/					66	/					
17	/	/					67	/					
18	/	/					68	/					
19	/	/					69	/					
20	/	/					70	/					
21	/	/					71	/					
22	/	/					72	/					
23	/	/					73	/					
24	/	/					74	/					
25	/	/					75	/					
26	/	/					76	/					
27	/	/					77	/					
28	/	/					78	/					
29	/	/					79	/					
30	/	/					80	/					
31	/	/					81	/					
32	/	/					82	/					
33	/	/					83	/					
34	/	/					84	/					
35	/	/					85	/					
36	/	/					86	/					
37	/	/					87	/					
38	/	/					88	/					
39	/	/					89	/					
40	/	/					90	/					
41	/	/					91	/					
42	/	/					92	/					
43	/	/					93	/					
44	/	/					94	/					
45	/	/					95	/					
46	/	/					96	/					
47	/	/					97	/					
48	/	/					98	/					
49	/	/					99	/					
50	/	/					100	/					
TOTAL IND.	59						TOTAL IND.						
TOTAL DEP.	68						TOTAL DEP.						
TOTAL CLAIMS	127						TOTAL CLAIMS						